



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

07/14/2008

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: **NJD986576007**

INSTALLATION NAME: **EARTH THEBAULT**

INSTALLATION ADDRESS : **77 MOONACHIE AVE
MOONACHIE, NJ 07074**

MAILING ADDRESS : **249 POMEROY RD
PARSIPPANY, NJ 07054-3727**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: EARTH THEBAULT
or Current Occupant
ATTN: DOMENIC PIZZANELLI
249 POMEROY RD
PARSIPPANY, NJ, 07054-3727**

**SEND COMPLETED****FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 13.)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)****EPA ID Number**

N J D | 9 | 8 | 6 | 5 | 7 | 6 | 0 | 0 | 7 |

**3. Site Name
(page 14)**

Name: EARTH THEBAULT

**4. Site Location
Information
(page 14)****Street Address:** 77 MOONACHIE AVENUE**City, Town, or Village:** MOONACHIE**State:** NJ**County Name:** BERGEN**Zip Code:** 07074**5. Site Land Type
(page 14)****Site Land Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)****A.**

3 | 2 | 3 | 1 | 1 | 0 |

B.

| | | | | | |

C.

| | | | | | |

D.

| | | | | | |

**7. Site Mailing
Address
(page 15)****Street or P. O. Box:** 249 POMEROY ROAD**City, Town, or Village:** PARSIPPANY**State:** NJ**Country:** USA**Zip Code:** 07054-3727**8. Site Contact
Person
(page 15)****First Name:** DOMENIC**MI:****Last Name:** PIZZANELLI**Phone Number:** 201-410-5668**Extension:****Email address:**
dpizzanelli@earthcolor.com**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)****A. Name of Site's Operator:**
EARTH THEBAULT**Date Became Operator (mm/dd/yyyy):**
10/11/2007**Operator Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**B. Name of Site's Legal Owner:**
EARTH THEBAULT**Date Became Owner (mm/dd/yyyy):**
10/11/2007**Owner Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box: 249 POMEROY ROAD City, Town, or Village: PARSIPANNY State: NJ Country: USA	Zip Code: 07074
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10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
 Complete all parts for 1 through 6.

Y ☒ N ☐ **1. Generator of Hazardous Waste**
 If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ **2. Transporter of Hazardous Waste**

Y ☐ N ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**
 If "Yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining

Y ☐ N ☒ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:**

	Manage
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Mercury containing equipment	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

Y ☐ N ☒ **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

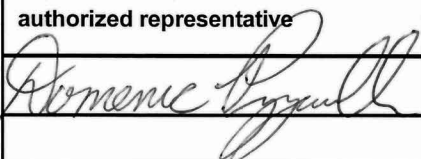
C. Used Oil Activities
 Mark all boxes that apply.

Y ☐ N ☒ **1. Used Oil Transporter**
 If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
 If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)						
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001						
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
12. Comments (See instructions on page 21.)						
Please note that this application is being submitted to change the name of the facility to Earth Thebault.						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)						
Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)				Date Signed (mm/dd/yyyy)	
	DOMENIC PIZZANELLI, V.P. OF ENGINEERING & FACILITY MANAGEMENT				5/16/08	



215 Keystone Drive
Montgomeryville, Pa. 18936
Phone: 215.699.4800
Fax: 215.699.8315
www.complianceplace.com

April 14, 2008

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, New York 10007-1866

Subject: RCRA Subtitle C Site Identification Form
Applied Graphics Technologies
NJD986576007

Dear Mr. Jack Hoyt:

Enclosed is the RCRA Subtitle C Site Identification Form to change the above-mentioned facility's name from Applied Graphics Technologies to Earth Thebault. Earth Thebault would like to maintain the CESQG status for hazardous waste generation.

Should you have any questions please call me at 215-699-4800 Ext 126.

Thanks,

A handwritten signature in blue ink, appearing to read "Vimal", is placed over the typed name.

Vimal Vijaykumar, M.S.ChE
Compliance Engineer



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

10/29/2004

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NJD986576007
INSTALLATION NAME:	APPLIED PRINTING TECHNOLOGIES
INSTALLATION ADDRESS :	77 MOONACHIE AVE MOONACHIE, NJ 07074
MAILING ADDRESS :	77 MOONACHIE AVE MOONACHIE, NJ 07074

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: APPLIED PRINTING TECHNOLOGIES
or Current Occupant
ATTN: TIM MIRENDA
77 MOONACHIE AVE
MOONACHIE, NJ 07074**

SEND COMPLETED

FORM TO:

The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

**1. Reason for
Submittal**
(See instructions
on page 13.)

MARK ALL BOX(ES)
THAT APPLY

Reason for Submittal:

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)**

EPA ID Number

N.J.D.9.8.6.5.7.6.0.0.7.

**3. Site Name
(page 14)**

Name:

Applied Printing Technologies

**4. Site Location
Information
(page 14)**

Street Address: 77 Moonachie Avenue

City, Town, or Village: Moonachie

State: NJ

County Name: Bergen

Zip Code: 07074

**5. Site Land Type
(page 14)**

Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

**6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 14)**

A. 323110

B.

C.

D.

**7. Site Mailing
Address
(page 15)**

Street or P. O. Box: 77 Moonachie Avenue

City, Town, or Village: Moonachie

State: NJ

Country: United States

Zip Code: 07074

**8. Site Contact
Person
(page 15)**

First Name: Tim

MI:

Last Name: Mirinda

Phone Number: 201-896-6600 **Extension:**

Email address:

**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)**

A. Name of Site's Operator:

Applied Printing Technologies

Date Became Operator (mm/dd/yyyy):

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

SAME AS ABOVE

Date Became Owner (mm/dd/yyyy):

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 20.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


D001	D002				BRANCH	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 20.)

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Tim Mirenda - General Manager	8-30-04



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

03/20/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD986576007
FACILITY NAME ->	FLEETWOOD LITHOGRAPH & LETTER CORP
MAILING ADDRESS ->	77 MOONACHIE AVE MOONACHIE, NJ 07074
INSTALLATION ADDRESS ->	77 MOONACHIE AVE MOONANCHIE, NJ 07074 <i>Moonaachie</i>

Corrected

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: SACAMONE JOHN
FLEETWOOD LITHOGRAPH & LETTER CORP
77 MOONACHIE AVE
MOONACHIE, NJ 07074

Fed-X-UB

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-07United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
F

NJ0986576007

T/A C
1

900222

I. Name of Installation

Fleetwood Lithograph + Letter Corp

II. Installation Mailing Address

Street or P.O. Box

C
3

77 Moonachie Ave

City or Town

State

ZIP Code

C
4

Moonachie

NJ 07074

III. Location of Installation

Street or Route Number

C
5

Same

City or Town

State

ZIP Code

C
6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

JOHN SACAMONE

201 896 6600

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

CORPORATION

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only

C																		T/A	C
W																			1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
D001	F003				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

JOHN SALAMONE / PLANT ENGINEER

Date Signed

2/21/90

BRANCH

90 FEB 22 AM 9:54

Facility: <u>Westwood Lithograph Letter</u>		Loc: <u>Woonahue N9</u>		SIC:	
ID: <u>NTD 956 576007</u>	Insp Date: <u>11-9-92</u>	Rvw Date: <u>3-10-93</u>			
Fac Pers: <u>John Salomone</u>	Region: <u>Metro</u>	Rvw: <u>MVINCH</u>			
Title: <u>Plant Engineer</u>	Insp: <u>John Dolleuxia</u>	Notif Date:			
Tel# <u>201-896-9600</u>	Insp Type: <u>GEN/LDR</u>	Stat: <u>File NOV 3007</u>			
Sta: <u>Gen Trans TSD</u>	State Act: <u>NOV</u>	Initiative:			
Recv TSDF:	Refer:	Oth Prog:			
Vol/Mo:	Treat Units:	Comm Date:			
GW Wells:	Stor Units:	\$ Info:			
Permits: <u>Air</u>	Waste Codes: <u>F005</u>				
Operation: <u>commercial printer specializing in offset lithography</u>		Insp Comm (date, re outcome):			
Process: <u>customer send photo, facility scans it; plots w/ laser onto sheet of alum., brought to printer; run off finished product packaged</u>					
HW Gen: <u>waste inks</u>					
Waste Codes: <u>F005</u>		Doc Req:			
TSDF: <u>Safety Klean</u>		Fac Comm (date, re, outcome):			
HW Det: Knowl: <u>X</u> TCA: <u>X</u> TCLP: <u>-</u>					
Manif Rvw: <u>15</u> Out: <u>6</u> Code: <u>LDR</u> Stor:					
Manif Date Code Def					
		Doc Req:			
		TSDF Comm (date, re, outcome):			
Field Nvs: <u>-9.4(g)6i no job titles</u>					
<u>-9.4(g)6ii - no written job descr.</u>					
<u>-9.6(f)3 - no emerg. contactor; -9.7(g) no config plan</u>		Doc Req:			
<u>-9.6(f)4 - failure to fam. hospitals; -9.3(a)3 no equip</u>		NOV 3007 Other			
<u>-9.4(g)8 - no symposium; -9.3(d)4</u>		Clt:			
Comp: Sched: <u>12-14-92</u> Achieved:		Notes:			
Stat (ty, cpl, ref):					
Compl Hist:					
IDate	Viol	Class	Act		
Rep Docs: <u>GEN/LDR/MAN</u>		File Docs:			

EPA Action	Date Issued	Due Date	Extention Req	New Date	Date Rec'd	Stat/Comments

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Fleetwood Lithography + Letter
FILE NUMBER: _____
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: M
INSPECTION DATE: 11/9/92
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: Gen / LOR
RESPONSIBLE AGENCY CODE: _____
INSPECTOR'S NAME: John Potterweich
INSPECTOR'S AGENCY: NJDEP / DFLK
INSPECTOR'S BUREAU: Metro
EPA ID NUMBER: NJ0986576007
ADDRESS: 77 Moonachie Avenue Moonachie
07074
LOT: _____ BLOCK: _____
COUNTY: Bergen
FACILITY PERSONNEL: John Salomone
Plant Eng.
TELEPHONE #: 201-844-6600
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: John Potterweich
REVIEWED BY: MA Stewart
DATE OF REVIEW: 12/11/92

REVISION: 3
01/88



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
TRENTON, NEW JERSEY 08625

NOTICE OF VIOLATION

DATE 11/9/92

Metro

ENFORCEMENT ELEMENT
BUREAU OF REGIONAL ENFORCEMENT
TELEPHONE NO. 201-669-3900

MD 986576007

PCWS # _____ TYPE SUPPLY NJPDES # _____ TYPE DISCH RCRA # _____
NAME OF FACILITY Fleetwood Lithograph & Letter
LOCATION OF FACILITY 77 Moonachie Ave MUN. Moonachie COUNTY Bergen
FACILITY REPRESENTATIVE AND TITLE John Salomone / Plant Eng.

You are hereby NOTIFIED that during an inspection of your facility on the above date, the following violations were noted and remedial actions are required:

DESCRIPTION OF VIOLATION/REMEDIAL ACTION: 1) 7:26-9.4 (g) 6i no job title for positions related to waste. 2) 7:26-9.4 (g) 6i no written job description for positions related to waste. 3) 7:26-9.4 (g) 6i no documentation of training. 4) 7:26-9.6 (f) 3 no emergency contractor. 5) 7:26-9.6 (f) 4 failure to familiarize local hospitals about wastes. 6) 7:26-9.4 (g) 8 failure to conduct semi-annual drills. 7) 7:26-9.7 (a) facility does not have a written contingency plan. 8) 7:26-9.3 (a) 3 no accumulation start date on 3 drums. 9) 7:26-9.3 (a) 4 no labels on 3 55 gallon drums of wastes.

The above noted violations are in violation of the following N.J. Statutes/Regulation, and will be recorded as part of the permanent enforcement history of your facility:

- Correct By: 12/14/92
- ☐ New Jersey Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and appropriate Regulations.
 - ☐ New Jersey Safe Drinking Water Act (N.J.S.A. 58:12A-1 et seq.) and appropriate Regulations.
 - ☐ New Jersey Water Supply Management Act (N.J.S.A. 58:1A-1 et seq.) and appropriate Regulations.
 - ☒ New Jersey Solid Waste Management Act (N.J.S.A. 13:1E-1 et seq.) and appropriate Regulations.
 - ☐ New Jersey Underground Storage of Hazardous Substance Act (N.J.S.A. 58:10A-21 et seq.) and appropriate Regulations.

Remedial action to correct the violations must be initiated immediately. Within five (5) calendar days of receipt of this Notice of Violation, you shall telephone the investigator issuing this notice at the above number with the corrective measures you have initiated to attain compliance. The issuance of this document serves as notice to you that the Department has determined that a violation has occurred and does not preclude the State of New Jersey or any of its agencies, from initiation of further administrative or judicial enforcement action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are subject to penalties of up to \$25,000 per day.

Further enforcement action, which will require a written response, may be issued on these violation(s) and any additional violations found during the inspection.

John Datteneau
Investigator, Division of Water Resources, DEP

Violation received by

John Salomone

TIME IN: 1:15 p.m.

TIME OUT: 2:20 p.m.

PHOTOS TAKEN ☐ YES ☒ NO

IF YES, HOW MANY? _____

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance 15

Number of manifests not in compliance 0

List manifest document numbers of those manifests not in compliance.

SITE BACKGROUND INFORMATION

EMPLOYEES: 150 # YEARS IN OPERATION: 3 yrs 8 hr SHIFTS/WEEK: 2/5
ACRES: _____ # BUILDINGS: 1 PRODUCT PRODUCED /YR: _____

PREVIOUS OPERATIONS AT SITE: _____

WATER SUPPLY: city

MONITORING WELLS: None

SANITARY DISPOSAL: _____

ENVIRONMENTAL
PERMITS: Air permits

CORPORATE
INFORMATION: _____

PREVIOUS ENFORCEMENT
HISTORY: None

TANKS ON
SITE: None

ADDITIONAL COMMENTS: _____

On November 9, 1992 I conducted a RCRA inspection at Fleetwood Lithograph & Letter (FLL), EPA I.D.# NJD986576007. The facility is located at 77 Moonachie Avenue in Moonachie. I met with Mr. John Salomone, who is the Plant Engineer.

FLL is a commercial printer that specializes in offset lithography. FLL prints posters and brochures for advertising. FLL runs thirteen printing presses for their manufacturing process. FLL manufacturing process is as follows. First, the customer sends a photo of what is to be printed. Next, the is scanned into a computer and plotted with a laser onto a sheet of aluminum. Next, this sheet is brought to one of the printers and installed into the machine. The product is then run off on the printer. The finished product is then packaged and sent off to binder if necessary, or sent to the customer. FLL has only been at this location in New Jersey since the beginning of 1990.

FLL generates only F005 wastes from waste inks. This waste is generated when the presses are cleaned for new products to be printed. The inks contain toluene and xylene.

An inspection of the manufacturing area was conducted. General housekeeping of this area was very good. No violations were noted here. An inspection of the hazardous waste storage area found the following violation.

7:26-9.3(a)3 [3 X 55] gallon drums of F005 waste

were not labeled.

A total 15 manifests were reviewed for the time period of January 1, 1990 through 1992. No violations were noted. A review of FLL's personnel training, contingency plan, and preparedness and prevention found the following violations.

- 1) 7:26-9.4(g)6i No job titles for positions related to hazardous waste.
- 2) 7:26-9.4(g)6ii No written job descriptions for positions related to hazardous waste.
- 3) 7:26-9.4(g)6iv No documentation of training.
- 4) 7:26-9.6(f)3 No emergency contractor.
- 5) 7:26-9.6(f)4 Failure to familiarize local hospital about hazardous wastes at the facility.
- 6) 7:26-9.4(g)8 Failure to conduct semi-annual drills.
- 7) 7:26-9.7(a) Facility does not have a contingency plan.

A Notice of Violation was issued to Mr. Salomone for the

violations noted within this report. FLL has until December 14, 1992 to correct these violations.

-B-

Describe the activities that result in the generation of hazardous waste.

see narrative

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

3X 55 drums of F005 waste in storage area

no labels on drums.

GENERAL

GENERAL CHECKLIST

7:26-7.4(a)1

Does the Generator have an EPA ID number?

YES NO N/A

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

Is the waste hazardous?

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

MANIFESTS

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

7:26-7.4(a)4i

The generator's name, address and phone number.

7:26-7.4(a)4ii

The generator's EPA ID number.

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

7:26-7.4(a)4vi

The TSF's EPA ID number.

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

7:26-7.4(a)4vii

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?

7:26-7.4(a)4viii

Special handling instructions and any other information required on the form to be shipped by generator?

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(a)4vii	Did the generator describe all N.O.S. wastes in Section J?	—	—	✓
7:26-7.4(a)1x	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	✓	—	—
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	—	—	—
7:26-7.4(a)5i	Sign the manifest certification by hand?	✓	—	—
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	✓	—	—
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	✓	—	—
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	✓	—	—
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	✓	—	—
7.26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	✓	—	—
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	—	—	✓
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	—	—	✓
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	—	—	✓

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers 55 gal. drums.
☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
☐ Tanks (less than 90 days)
☐ Above ground
☐ Below ground
☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
☐ Piles (complete HWMF checklist)

7:26-9.3(a)1

Is waste accumulated for more than
90 days?YES NO N/A

— — —

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

<u>Containers</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone).	—	—	—
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	/	—	—
	If no, describe the problem (include number of containers involved.)			
7:26-9.4(d)41	Are all containers securely closed except those in use?	/	—	—
7:26-9.4(d)4111	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?	/	—	—
7:26-9.4(d)41v	Are containerized hazardous wastes segregated in storage by waste type?	/	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	—	—	/
7:26-9.4(d)5	Is the container storage area inspected at least daily?	/	—	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?	/	—	—
7:26-7.2(a)	Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?	/	—	—
7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?	—	/	—

		YES	NO	N/A
7:26-7.2(b)	Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanks (Less than 90 day storage)				
7:26-9.3(b)	Does the generator accumulate hazardous waste on-site in an above ground tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, describe the tank(s):			
	1) Capacity _____			
	2) Shell thickness _____			
	3) Material Construction _____			
	4) Age of tank _____			
7:26-9.3(b)	Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-9.3(b)1	Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-9.3(b)4	Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-9.3(b)5	Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-9.3(b)6	Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-9.3(b)8	If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-10.5(c)1	Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-10.5(c)2	Does the generator use appropriate controls and practices to prevent overfilling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)211	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	<input checked="" type="checkbox"/>
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)11	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)11	Does the containment system consist of material compatible with the wastes being stored?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)111	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)111	Is the tank protected from contact with accumulated liquids?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	<input checked="" type="checkbox"/>
	If not, explain.			
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	<input checked="" type="checkbox"/>
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	<input checked="" type="checkbox"/>

YES NO N/A

- 7:26-10.5(d)41 If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter? /
- 7:26-9.4(g)4 Personnel Training
- Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility? /
- 7:26-9.4(g)5 Has facility personnel taken part in an annual review of initial training? /
- 7:26-9.4(g)2 Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed? /
- Is there written documentation of the following:
- 7:26-9.4(g)61 Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job? /
- 7:26-9.4(g)611 A written job description for each position related to hazardous waste management? /
- 7:26-9.4(g)6111 A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management? /
- 7:26-9.4(g)61v Documentation of actual training or experience received by personnel? /
- 7:26-9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment? /

YES NO N/A

7:26-9.6	<u>Preparedness and prevention</u>			
	Does the facility comply with preparedness and prevention requirements including maintaining:			
7:26-96(b)1	An internal communications or alarm system?	/		
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	/		
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	/		
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?	/		
7:26-9.6(c)	Is equipment tested and maintained?	/		
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?	/		
7:26-9.6(e)	Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	/		
	If no, please explain.			
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	/		
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type waste handled on site:			
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.	/		

YES NO N/A

7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	—	—	—
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment supplies?	—	—	—
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility?	—	—	—
7:26-9.6(f)5	Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	—	—	—
7:26-9.6(f)6	If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record.	—	—	—
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7?	—	—	—
7:26-9.4(g)81	If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement?	—	—	—
7:26-9.4(g)811	Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements?	—	—	—
	If yes, did the owner operator provide those specific local officials with written approval of the exemption?	—	—	—

YES NO N/A

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

_____/_____

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

_____/_____

7:26-9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

_____/_____

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

_____/_____

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

_____/_____

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

_____/_____

YES NO N/A

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates?

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities?

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)?

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility;
2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?

7:26-9.7(k)

Is there an employee on site or on call at all times with the responsibility of coordinating all emergency response measures?

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

I. General Information

Facility: Fleetwood Lithograph & Letter
 U.S. EPA ID No.: NJD 986574007
 Street: 77 Moonachie Avenue
 City: Moonachie State: NJ Zip:
 Telephone: 201-896-6600

Inspection Date: 9/19/92 Time: 1:15 (am/pm)

Weather Conditions: Sunny 45°F

Inspectors:

Name	Agency/Title	Telephone
John P. Tormel	NJDEP	201-669-3906

Facility Representatives: John Salomone / Plant Eng. / 201-896-6600

See Appendix B to determine which of the following LDR waste categories the facility manages:

	Generate	Transport	Treat	Store	Dispose
F001-F005 Solvents	<u>X</u>	<u></u>	<u></u>	<u></u>	<u></u>
F020-F023 and F026-F028	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
California List*	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
First Third [40 CFR 268.10]	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Second Third [40 CFR 268.11]	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Third Third [40 CFR 268.12]	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

* See Appendix A

INSPECTION SUMMARY

Processes That Generate LDR Wastes:

LDR Waste Management:

Summary:

Signature:

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

II. WASTE IDENTIFICATION

A. List waste codes which the facility handles in each of the following LDR categories*:

1. F001 through F005 spent solvents:

2. F020-F023 and F026-F028 dioxin-containing wastes:

3. California List Wastes (See Appendix A):

4. First Third Wastes [40 CFR 268.10]:

5. Second Third Wastes [40 CFR 268.11]:

6. Third Third Wastes [40 CFR 268.12]**:

*See Appendix B.

** Note: Effective 09/25/90, large quantity generators and TSDs are required to use the toxicity characteristic leaching procedure (TCLP) instead of the extraction procedure (EP) for determining the toxicity characteristic (TC). Small quantity generators must comply with this new requirement by 03/29/91. Wastes which exhibit TC, but do not exhibit EP, will be considered "newly identified" wastes. They will be regulated under 40 CFR Part 268 only after they are evaluated by U.S. EPA, even if they are characteristic for a constituent previously covered under the EP toxicity characteristic [55 FR 22531].

B. Waste Code Determination

1. Have all wastes been correctly identified for purposes of compliance with 40 CFR Part 268?*

Yes ☒ No ☐

If no, list below:

<u>Assigned Classification</u>	<u>Correct Classification</u>
_____	_____
_____	_____
_____	_____
_____	_____

*Areas of concern include: California List/waste categories with more stringent treatment standards; listed/characteristic; multi-source/single-source leachate; P and U waste codes/F and K wastes; and waste code carry through principle.

Comments: _____

2. Have both the listed and characteristic waste code been assigned, where a listed waste exhibits a characteristic? [40 CFR 268.9(a)]

Yes ☐ No ☐ NA ☒

Comments _____

3. Has multi-source leachate been assigned the F039 waste code? * [40 CFR 261.31]

Yes ☐ No ☐ NA ☒

*Leachate derived exclusively from F020-F023 and/or F026-F028 dioxin wastes retains the individual waste codes.

If yes, was single-source leachate combined to form multi-source leachate? [55 FR 22623]

Yes ☐ No ☐

Comments _____

C. Does the facility handle the following wastes (national capacity variances)?

1. F001-F005 contaminated soil and debris resulting from a CERCLA response action or a RCRA corrective action (expires - 11/08/90). [40 CFR 268.30(c)]

Yes ☐ No ☒ List _____

2. Dioxin contaminated soil and debris resulting from a CERCLA response action or a RCRA corrective action (expires - 11/08/90). [40 CFR 268.31(b)]

Yes ☐ No ☒ List _____

3. California list contaminated soil and debris resulting from a CERCLA response action or a RCRA corrective action (expires - 11/08/90). [40 CFR 268.32(d)(2)]

Yes ☐ No ☒ List _____

4. K048-K052 petroleum wastes (nonwastewaters; expires - 11/08/90). [40 CFR 268.35(b)]

Yes ☐ No ☒ List _____

5. Soil and debris contaminated with wastes that had treatment standards based on incineration set in the Second Third rule - F010, F024, K009, K010, K011, K013, K014, K023, K027, K028, K029, K038, K039, K040, K043, K093, K094, K095, K096, K113, K114, K115, K116, P039, P040, P041, P043, P044, P062, P071, P085, P089, P094, P097, P109, P111, U028, U058, U069, U087, U088, U102, U107, U190, U221, U223, U235 (expires - 06/08/91). [40 CFR 268.34(d)]

Yes ☐ No ☒ List _____

6. Soil and debris contaminated with wastes that had treatment standards set in the Third Third rule based on incineration, mercury retorting, or vitrification. See Appendix A; (expires - 05/08/92). [40 CFR 268.35(e)]

Yes ☐ No ☒ List _____

7. The following nonwastewaters - F039, K031, K084, K101, K102, K106, P010, P011, P012, P036, P038, P065, P087, P092, U136, U151. (expires -05/08/92). [40 CFR 268.35(c)]

Yes ☐ No ☒ List _____

8. The following wastes identified as hazardous based on a characteristic alone: D004 (nonwastewaters), D008 (lead materials stored before secondary smelting), D009 (nonwastewaters) (expires - 05/08/92). [40 CFR 268.35(c)]

Yes ☐ No ☒ List _____

9. Inorganic solid debris as defined in 40 CFR 268.2(g)*; includes chromium refractory bricks carrying EPA Hazardous Waste Nos. K048-K052 (expires - 05/08/92). [40 CFR 268.35(c)]

Yes ☐ No ☒ List _____

*Note: Incorrect reference [40 CFR 268.2(a)(7)] in Third Third rule.

10. RCRA hazardous wastes that contain naturally occurring radioactive materials (expires - 05/08/92). [40 CFR 268.35(c)]

Yes ☐ No ☒ List _____

11. Wastes listed in 40 CFR 268.10, 268.11, and 268.12 that are mixed radioactive/hazardous wastes (expires - 05/08/92)*. [40 CFR 268.35(d)]

Yes ☐ No ☒ List _____

*Note: 40 CFR 268.10 and 268.11 wastes incorrectly omitted from this variance in the Third Third rule.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

III. GENERATOR REQUIREMENTS

A. Treatability Group/Treatment Standard Identification*

*Note: This information is generally available on LDR notifications. If not, waste profile data and other documentation should be checked.

1. F001-F005 Spent Solvent Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard for each F-solvent?

Yes No NA

If available, list each waste code and check the correct treatability group.

Waste Code	Wastewater*	Nonwastewater
<u>F005</u>	<u> </u>	<u>X</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

*Less than 1% by weight total organic carbon (TOC), or less than 1% by weight total F001-F005 solvent constituents listed in 40 CFR 268.41, Table CCME. [40 CFR 268.2(f)(1)]

Comments

2. F020-F023 and F026-F028 Dioxin Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard for each dioxin waste?

Yes No NA

If yes, list each waste code and check the correct treatability group.

Waste Code	Wastewater*	Nonwastewater
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Comments

*Less than 1% TOC by weight and less than 1% total suspended solids (TSS) by weight. [40 CFR 268.2(f)]

3. First, Second, and Third Third Wastes:

- a. Does the generator correctly determine the appropriate treatability group/treatment standard for each waste?

Yes No NA

If available, list each waste code and check the correct treatability group:

<u>Waste Code</u>	<u>Subcategory</u>	<u>Wastewater*</u>	<u>Nonwastewater</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Less than 1% TOC by weight and less than 1% total suspended solids (TSS) with the following exceptions: K011, K013, and K014 wastewaters - less than 5% by weight TOC and less than 1% by weight TSS; K103 and K104 wastewaters - less than 4% by weight TOC and less than 1% by weight TSS. [40 CFR 268.2(f)(2) and (3)]

Comments _____

- b. Do the assigned treatment standards for listed wastes cover constituents that may cause the waste to exhibit any characteristics? [40 CFR 268.9 (b)]

Yes ___ No ___ NA ☒

- c. Does the generator specify alternative treatment standards for lab packs?*

Yes ___ No ___ NA ☒

*Use of the alternative treatment standards is not required. [55 FR 22629]

If yes, do lab packs only contain the following wastes? [40 CFR 268.42(c)(2)]

___ Organometallics: 40 Part 268, Appendix IV constituents
___ Organics: 40 CFR Part 268, Appendix V constituents

*Unregulated wastes and hazardous wastes which meet treatment standards may be commingled in the appropriate Appendix IV and V lab pack. [55 FR 22629]

- d. Does the generator specify alternative treatment standards for F039 multi-source leachate?*

Yes ___ No ___ NA ☒

*Use of the alternative treatment standards is required. [55 FR 22619]

4. California List Wastes: Has the generator correctly identified the treatability group and treatment standard/prohibition level for the following wastes? [55 FR 22675]

- a. Liquid hazardous wastes containing PCBs ≥ 50 ppm

Yes ___ No ___ NA ☒

If yes, check the appropriate treatability group:

___ 50 to 500 ppm PCBs
___ ≥ 500 ppm PCBs

- b. Listed or characteristic wastes containing $\geq 1,000$ mg/l (liquids) or mg/kg (non-liquids) HOCs, which are not listed or characterized by the HOC content

Yes ___ No ___ NA ☒

If yes, check the appropriate treatability group:

- ☐ Dilute HOC wastewater (1,000 mg/l to 10,000 mg/l HOCs)
☐ All other HOCs greater than or equal to the prohibition level of 1,000 mg/l (liquids) or mg/kg (non-liquids)

- c. Liquid hazardous wastes that exhibit a characteristic and also contain ≥ 134 mg/l nickel and/or ≥ 130 mg/l thallium

Yes ___ No ___ NA ☒

5. National Capacity Variance Wastes: Have all applicable California List prohibitions been identified for wastes covered under national capacity variances? (See Appendix A.)

Yes ___ No ___ NA ☒

If a wastestream contains a mixture of wastes, and a variance only applies to some of the waste codes, has the generator identified all applicable treatment standards and California List prohibitions? (See Appendix A.)

Yes ___ No ___ NA ___

If California List prohibitions apply to wastestreams managed by the generator, complete the following table for each waste code, noting the date on which relevant national capacity variances expire.

Waste Code	Cal List Applicability	Expiration Date
___	___	___/___/___
___	___	___/___/___
___	___	___/___/___

Comments _____

6. Treatment standards expressed as required technologies: Has the generator specified an alternative method to that required in 40 CFR 268.42?

Yes ___ No ___ NA ☒

If yes, list the waste code, the technology specified in 40 CFR 268.42, the alternative method, and documentation of approval. [40 CFR 268.42(b)]

Waste Code	Required Technology	Alternative Method	Approval
___	___	___	___
___	___	___	___
___	___	___	___

Comments _____

7. Does the generator mix restricted wastes with different treatment standards for a constituent of concern?

Yes ☐ No ☒

If yes, did the generator select the most stringent treatment standards?
[40 CFR 268.41(b) and 268.43(b)]

Yes ☐ No ☐

Comments _____

B. Waste Analysis

1. Does the generator determine whether restricted wastes exceed treatment standards/prohibition levels at the point of generation? [268.7(a)]

Yes ☒ No ☐

*Note: This determination may be made at the point of disposal if the waste only has a prohibition level in effect.

If no, does the generator ship all restricted wastes as not meeting treatment standards?

Yes ☐ No ☐

Comments _____

2. Which of the following analytical methods does the generator employ?*

*Note: A "No" answer to applicable questions b. through d. does not necessarily constitute a violation. However, knowledge of waste is rarely adequate if a generator certifies that treatment standard criteria have been met.

- a. Knowledge of waste:

Yes ☒ No ☐

If yes, list the wastes for which applied knowledge was used and describe the basis of determination. Attach documentation. [40 CFR 268.7(a)(5)]

- b. TCLP*: Are wastes with treatment standards specified in 40 CFR 268.41 analyzed using TCLP? (BDAT*** = stabilization/immobilization technology)

Yes ☐ No ☒ NA ☐

*TCLP = Toxicity Characteristic Leaching Procedure [40 CFR Part 268, Appendix I, EPA Test Method 1311]

**See Appendix C for exceptions.

***BDAT = best demonstrated available technology. See Appendix A.

If yes, list the wastes for which TCLP was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results. [40 CFR 268.7(a)(5)]

- c. Total constituent analysis: Are wastes with treatment standards specified in 268.43 analyzed using total constituent analysis? (BDAT = destruction/removal technology)

Yes ☒ No ☐ NA ☐

*See Appendix C for exceptions.

If yes, list the wastes for which total constituent analysis was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results. [40 CFR 268.7(a)(5)]

- d. PFLT*: Was PFLT used to determine if California List constituents were contained in *liquid* hazardous waste?

Yes ☐ No ☐ NA ☒

*PFLT = Paint Filter Liquids Test [Test Method 9095, EPA Publication No. SW-846]

If yes, list the wastes for which PFLT was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results. [40 CFR 268.7 (a)(5)]

3. Does the generator treat restricted wastes in 90-day tanks or containers regulated under 40 CFR 262.34 (permissible in some states)?

Yes ☐ No ☒ (If No, go to 4.)

Does the generator treat the wastes to meet appropriate treatment standards/prohibition levels?

Yes ☐ No ☐

If yes, has the generator prepared a waste analysis plan detailing the frequency of testing to be conducted? 40 CFR 268.7(a)(4)]

Yes ☐ No ☐ (If No, go to 4.)

Does the plan fulfill the following? [40 CFR 268.7(a)(4)(i)]

- ☐ Based on a detailed chemical and physical analysis of a representative sample
☐ Contains information necessary to treat the wastes in accordance with 40 CFR Part 268 requirements

Has the plan been filed with the Regional Administrator (return receipt, Federal Express slip, etc. required for verification)? [40 CFR 268.7(a)(4)(ii)]

Yes ☐ No ☐

Comments _____

4. Dilution Prohibition [40 CFR 268.3]:

- a. Does the generator mix prohibited* wastes with different treatment standards?

*See Appendix E for distinction between restricted and prohibited wastes.

Yes ☐ No ☒ (If No, go to b.)

List the wastes _____

Are the wastes amenable to the same type of treatment? [55 FR 22666]

Yes ☐ No ☐

Comments _____

- b. Does the generator dilute prohibited wastes to meet treatment standard criteria, or render them non-hazardous? [55 FR 22665-22666]

Yes ☐ No ☒ (If No, go to c.)

Check appropriate category:

☐ Dilutes to meet treatment standards

☐ Dilutes to render waste non-hazardous

Do the wastes fall into the following categories? (Check if appropriate.) [40 CFR 268.3(b)]

☐ Managed in treatment systems regulated under the Clean Water Act

☐ Non-toxic* characteristic wastes

☐ Treatment standard specified in 40 CFR 268.41 or 268.43

*Non-toxic = D001(except high TOC nonwastewaters), D002, and D003(except cyanides and sulfides). [55 FR 22666]

If the wastes do not fall into the above categories, briefly describe the conditions under which they were diluted.

- c. Based on an assessment of points a. and b., and any other relevant circumstances, does the generator dilute prohibited wastes as a substitute for adequate treatment? [40 CFR 268.3(a)]

Yes ☐ No ☒

Comments _____

5. F039 Multi-source leachate: Has the generator run an initial analysis for all constituents of concern in 40 CFR 268.41 and 268.43? [55 FR 22620]

Yes ☐ No ☐ NA ☒

C. Management

1. On-Site Management

- a. Are restricted wastes treated (other than in a RCRA exempt unit), stored for greater than 90 (small quantity generator* - 180) days, or disposed on site?

Yes ☐ No ☒

(If yes, the TSD Checklist must also be completed.)

* Small quantity generator = generator of greater than or equal to 100 kg/mo. but less than 1,000 kg/mo. hazardous waste, or less than 1 kg/mo. acutely hazardous waste

Comments _____

- b. If the generator treats characteristic wastes in systems regulated under the Clean Water Act, have the following been documented: the determination of restriction, how restricted wastes are managed, and why wastes discharged pursuant to an NPDES permit are not prohibited (if applicable)? [55 FR 22662]

Yes ☐ No ☐ NA ☒

- c. If the generator treats characteristic wastes in RCRA exempt units to render them non-hazardous, are the wastes managed as restricted until 40 CFR Part 268 treatment standards are met?* [40 CFR 268.9(d)]

Yes ☐ No ☐ NA ☒

*This applies to both concentration based treatment standards specified in 40 CFR 268.41 and 268.43, and to some 40 CFR 268.42 required methods which result in treatment below the characteristic level. See Appendix D.

2.

Off-Site Management: Waste Exceeds Treatment Standards

- a. Does the generator ship any waste that exceeds treatment standards /prohibition levels (not subject to a national capacity variance) to an off-site treatment or storage facility?

Yes ☒ No ☐ (If No, go to 3.)

Identify waste code(s) and off-site treatment or storage facilities to which wastes are shipped.

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

Does the generator provide a notification to the treatment or storage facility?
[40 CFR 268.7(a)(1)]

Yes ☒ No ☐ (If No, go to 3.)

If the generator specifies alternative treatment standards for lab packs, is the certification required in 40 CFR 268.7(a)(7) or (8) included with the notification?

Yes ☐ No ☐ NA ☒

b. Is a notification sent with each waste shipment?

Yes ☒ No ☐

If no, is the waste subject to a tolling agreement pursuant to 262.20(e) (small quantity generator only)?

Yes ☐ No ☐ (If No, go to 3.)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code	Subsequent Handler
_____	_____
_____	_____
_____	_____

Did the small quantity generator provide a notification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes ☐ No ☐

3. Off-Site Management: Waste Meets Treatment Standards

a. Does the generator ship waste that meets treatment standards/prohibition levels to an off-site disposal facility?

Yes ☐ No ☒ (If No, go to 4.)

Identify waste code(s) and off-site disposal facilities:

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

Does the generator provide a notification and a certification to the disposal facility? [40 CFR 268.7(a)(2)(i) and 268.7(a)(2)(ii)]?

Yes ☐ No ☐ (If No, go to d.)

- b. Are a notification and a certification sent with each waste shipment?

Yes ___ No ___

If no, is the waste subject to a tolling agreement pursuant to 262.20(e) (small quantity generator only)?

Yes ___ No ___ (If No, go to c.)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code

Subsequent Handler

Did the small quantity generator provide a notification and a certification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes ___ No ___

- c. Are characteristic wastes which have been rendered non-hazardous (in a RCRA exempt unit) shipped to a Subtitle D facility?

Yes ___ No ___ NA ___ (If No or NA, go to 4.)

Complete the following table:

Waste Code

Receiving Facility

Are a notification and a certification for each shipment sent to the Regional Administrator or authorized State? [40 CFR 268.9(d)(1) and 268.7(b)(5)]?

Yes ___ No ___

4. Off-Site Management: Wastes Subject to Variances, Extensions, or Petitions

- a. Does the generator ship wastes to a treatment, storage, or disposal facility which are subject to a national capacity variance (40 CFR Part 268, Subpart C), or case-by-case extension (40 CFR 268.5)?

Yes ___ No ___ (If No, go to 5.)

Complete the following table:

Waste Code

Receiving Facility

Does the generator provide notification to the off-site receiving facility that the waste is not prohibited from land disposal? [40 CFR 268.7(a)(3)]

Yes ☐ No ☐

b. Is a notification sent with each waste shipment?

Yes ☐ No ☐

If no, is the waste subject to a tolling agreement pursuant to 40 CFR 262.20(e) (small quantity generator only)?

Yes ☐ No ☐ (If No, go to 5.)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code	Subsequent Handler
_____	_____
_____	_____
_____	_____

Did the small quantity generator provide a notification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes ☐ No ☐

5. Records Retention

Does the generator retain on site copies of all notifications, certifications, and other relevant documents for a period of 5 years? [40 CFR 268.7(a)(6)]

Yes ☒ No ☐

Are copies of relevant tolling agreements, along with the LDR notification and/or certification, kept on site for at least 3 years after expiration or termination of the agreement? [40 CFR 268.9]

Yes ☒ No ☐ NA ☐

Do LDR documents reflect proper management of wastes previously covered under expired national capacity variances, case by case extensions and the soft hammer provision*?

Yes ☐ No ☐ NA ☒

*See Appendix B. Note that the soft hammer provision expired as of 05/08/90. Soft hammer wastes which had treatment standards established in the third third rule were granted a minimum 90-day national capacity variance to 08/08/90.

Comments _____

Waste Minimization Checklist

GENERATOR CHECKLIST

MANIFEST

GENERAL 262.20

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal? If yes, proceed to next question. If no, proceed to 264.75/265.75.

YES NO N/A

☒ ☐ ☐

262.23

Does the generator sign the manifest certification which states;

☒ ☐ ☐

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

☐ ☒ ☐

* If no, is the generator able to describe his plan orally.

☒ ☐ ☐

COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

* Facility tests. many non hazardous inks and solvents.

ANNUAL/BIENNIAL REPORT

262.41

- Has the generator submitted Annual (AR) or Biennial reports (BER) to the appropriate regulatory agency?

YES NO N/A

 /

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56(a)(5)

Does the BER or AR include the efforts undertaken during the year to reduce the volume of toxicity of the wastes generated?

 /

Does the BER or AR include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?

 /

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

 /

Is the BER or AR certification signed by the generator or authorized representatives?

 /

TOXICITY CHARACTERISTIC ("TC") INSPECTION CHECKLIST

1. Has the handler tested all its solid waste streams using the TCLP?

Yes _____ No ✓

- a) If no, are there any waste streams which should be tested. no

Explain _____

- b) If the handler is a TSD, has the owner/operator revised its waste analysis plan to incorporate the new TCLP requirements?

Yes _____ No NA ✓

2. Does the handler generate waste exceeding the regulatory level for any constituent listed in Table I-TC?

Yes _____ No ✓

If no this checklist need not be completed.

3. Was the handlers waste(s) considered a federal hazardous waste prior to the promulgation of the new TCLP requirement?

Yes ✓ No _____

If No, proceed to question number 4. If yes, answer questions 3a), 3b) and 3c) and then stop.

- a) Have both the listed and characteristic waste code been assigned, were a listed waste exhibits a characteristic for which the waste is not listed?

Yes _____ No _____

Comments _____

- b) Does the handler determine and list on its manifests all of it's waste(s) TCLP characteristics?

Yes _____ No _____

Comments _____

- c) If the generator is also a TSD, has the owner or operator submitted a revised Part A permit application or if permitted a permit modification request indicating the new hazardous constituent(s) found in their waste(s)?

Yes _____ No _____

4. Is the waste managed as a hazardous waste?

Yes _____ No _____

If No, this is a high priority violation. Be sure to obtain a detailed description of the wastes final disposition.

Comments _____

- a) If the generator is also a TSD, has the owner or operator submitted a revised Part A permit application or if permitted a permit modification request for the previously unregulated waste or hazardous waste unit which has become subject to hazardous waste regulation as a result of the new TC Rule?

Yes _____ No _____

NOTE: The inspector should bear in mind that any waste stream, unit or handler newly regulated on account of the change in the analytical procedures associated with the Toxicity Characteristic may now be subject to all the applicable requirements of N.J.A.C. 7:26-1, 7 - 12 and 40 C.F.R. Parts 260 - 270. All applicable current checklists should be used to determine compliance status.

EFFECTIVE DATES FOR COMPLIANCE WITH TC REQUIREMENTS

Generators of $\geq 1,000$ kg/mo. of hazardous waste	9/25/90
Generators of $< 1,000$ kg/mo. of hazardous waste	3/29/91

ADDITIONAL COMMENTS: _____

1HWR1631
11/09/92

0

0

GENERATOR
-FLEETWOOD LITHOGRAPH & LETT.
77 MOONACHIE AVE.
MOONACHIE , NJ
NJD986576007

TSDF
SAFETY-KLEEN CORP
1200 SYLVAN STREET
LINDEN , NJ
NJD002182897

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
WASTE MANIFESTS FROM 01/01/90 TO 11/09/92
FROM GENERATOR NJD986576007 TO SPECIFIED TSDF'S

MANIFEST	DATE SHIPPED	WASTE CODE	WASTE NAME	QUANTITY
NJA0793317	11/30/90	F005	NONHL SOLV & STLBTM	1684 P
NJA0793349	05/04/90	F005	NONHL SOLV & STLBTM	2952 P
NJA0915117	01/11/91	F005	NONHL SOLV & STLBTM	2529 P
NJA0915136	07/20/90	F005	NONHL SOLV & STLBTM	2108 P
NJA0915165	10/24/90	F005	NONHL SOLV & STLBTM	2529 P
NJA0915171	02/07/91	F005	NONHL SOLV & STLBTM	2508 P
NJA0926007	10/05/90	F005	NONHL SOLV & STLBTM	1684 P
NJA0951849	03/19/91	F005	NONHL SOLV & STLBTM	2947 P
NJA1140959	05/14/91	F005	NONHL SOLV & STLBTM	3368 P
NJA1197021	05/27/92	F005	NONHL SOLV & STLBTM	2529 P
NJA1200903	06/27/91	F005	NONHL SOLV & STLBTM	1717 P
NJA1326569	11/22/91	F005	NONHL SOLV & STLBTM	2528 P
NJA1345606	03/11/92	F005	NONHL SOLV & STLBTM	2528 P
NJA1441443	07/22/92	F005	NONHL SOLV & STLBTM	2528 P
NJA1448263	09/30/92	F005	NONHL SOLV & STLBTM	2950 P

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